Please type a plus sign (+) inside this box	$\rightarrow$	+
---	---------------	---

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

		Attorney Dock	et Number	55.0206PCT/US		
DECLARATION FOR UTILITY OR DESIGN		First Named In	ventor	L	es Johnson	
PATENT APPLICATION		CC	COMPLETE IF KNOWN			
(37 CFR 1.63)		Application Nur		09 / 980,463		
_ ` _	, 1	Filing Date	No	Nov. 29, 2001		
Declaration OR	Declaration Submitted after Initia	Group Art Unit				
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	9			
As a below named inventor, I hereby declare that:  My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
Shear-Sensitive Plugging Fl		d a Method for Plugo one	ging a Subte	rranean Forma	ation	
the specification of which	(Ti	tle of the Invention)				
is attached hereto  OR  as United States Application Number or PCT International  was filed on (MM/DD/YYYY)  Application Number  O9/980,463  and was amended on (MM/DD/YYYY)  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as						
amended by any amendment spe I acknowledge the duty to disclose in-part applications, material infon PCT international filing date of the	e information which is ma mation which became av	aterial to patentability as vailable between the filir	s defined in 37 ng date of the p	CFR 1.56, includerior application a	ing for continuation- nd the national or	
I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	international application also identified below, t	which designated at lead by checking the box, a	ast one countring for ap	y other than the U plication for pate	Inited States of nt or inventor's	
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claime		opy Attached? NO	
PCT/EP99/03946		JUNE 3, 1999	0000	0000	0000	
Additional foreign application	numbers are listed on a	supplemental priority da	ita sheet PTO/	SB/02B attached	hereto:	
I hereby claim the benefit under	35 U.S.C. 119(e) of any	/ United States provision	nal application	s) listed below.		
Application Number(s) Filing Date (MI		• (MM/DD/YYYY)	numb suppl	onal provisional a ers are listed on a emental priority d SB/02B attached	ata sheet	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

	Customer Num or Bar Code La		274	52	OR		orrespondence address below
Name	<del></del>						
Address							
Address			,	<b></b> -	·		
City				State	,		ZIP
Country	T	elephon	ie				Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						I false statements and the like so	
NAME OF SOLE OR FIRST INV	ENTOR:			A peti	tion has	been file	ed for this unsigned inventor
Given Name Les (first and middle [if any])				Family or Sur		Johnso	on
Inventor's Signature	•				·		Date
Residence: City Grande Prairie	)		State		Car Country	nada	Canada Citizenship
Mailing Address							
Mailing Address 11042, 84 Av	enue						
<sub>City</sub> Grande Prairie	All State	berta		ZIP	T8V	6H2	Canada
NAME OF SECOND INVENTOR	:			A peti	tion has	been file	ed for this unsigned inventor
Given Name Kamal (first and middle [if any])				Family or Sur		Arsanic	us
Inventor's Low	at )	<del></del>			·· <del>-</del>		Date 18/11/02
Residence: City Edmonton			State		Ca Countr	nada y	Citizenship Canada
Mailing Address T6 H = 5G1							
Mailing Address 514 Southridge Way, 45th Avenue 106th Street  T6H5G1							
City Edmonton	State	Albe	rta	ZIP	T68		Country
X Additional inventors are being named		suppleme	ental Additio		ntor(s) she	et(s) PTC	0/SB/02A attached hereto.

									_	_
Diagon	-	- l	-:	/ a \		41-1-4	L	<b>→</b>		
LIGASO	type a	pius	Sign	( -,	mside	เการ	DUX		۱ →	- 1

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_\_\_ of \_\_\_

· · · · · · · · · · · · · · · · · · ·							
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor					ventor		
Given Name (first and middle [if any]	)			Family Name	or S	umame	
David			Quinn				
Inventor's Signature						Date	
Residence: City Geneve	State		Country	Switzerlan	d (	Citizenship G	reat Britain
Mailing Address			· <b>-</b> - · · ·				
Mailing Address	Route	de S	auverny 2	26 Versoi	X		
city Geneve	State		ZIP CH	-1290 <sub>Co</sub>	untr	y Swit	zerland
Name of Additional Joint Inventor, if an	y:		A petition ha	as been filed f	or this	s unsigned inve	entor
Given Name (first and middle [if any])	)			Family Name	or St	ırname	
Patrick	Patrick Murphy						
Inventor's Signature						Date	
Residence: City Calgary	State		Country	Canada		Citizenship	Canada
Mailing Address							
Mailing Address Newpark Drilling Flui	ds, Suite	300,	635 6th	Avenue S	s.W.		
Calgary Calgary	State Al	lberta	zip T2	P OT5	Cour	ntry Ca	anada
Name of Additional Joint Inventor, if an	ıy:		A petition has	s been filed fo	r this	unsigned inver	itor
Given Name (first and middle [if any]) Family Name of			me o	r Surname			
Allen, R. Toney							
Inventor's Signature Date							
Residence: City Red Deer	State		Country	Canada	a	Citizenship	Canada
Mailing Address							
	23 Edgington Avenue						
<sub>City</sub> Red Deer	State Alb	oerta	ZIP T	4R 2L1	Col	untry C	anada

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a	plus sign	(+) inside this box	<b>→</b>	4

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/980,463
Filing Date	November 29, 2001
First Named Inventor	Les Johnson
Group Art Unit	
Examiner Name	
Attorney Docket Number	55.0206PCT/US

l hereby appo	int:			
Practitioners at Customer Number 27452  OR Practitioner(s) named below:  Place Customer Number Bar Code Label here				
·	Name	Registration Number		
l <u>-</u>				
		<u> </u>		
as my/our attor business in the	ney(s) or agent(s) to prosecute the application in United States Patent and Trademark Office cor	dentified above, and to transact all neeted therewith.		
	he correspondence address for the above-ident mentioned Customer Number.	tified application to:		
Firm or				
Individual Na Address	ime .			
Address				
City		State Zip		
Country				
Telephone		Fax		
I am the:  Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name	Kamal Arsanious			
Signaturé	tamat			
Date				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
★ *Total of	forms are submitted.			